



2020

COVID-19 Response Technical Guide for Congregate Care Settings

Version 1: 09/2020

Revised:

This document provides guidance to
Congregate Care Settings in
preparation for active response actions
in the event of COVID-19 Exposure

Community Services Bureau

**Senior and Long Term Care
Division**

1100 Last Chance Gulch., PO Box 4210
Helena, MT 59604-4210
Phone: (406) 444-4077 Fax: (406) 444-7743
www.dphhs.mt.gov

MONTANA
DEPARTMENT OF
PUBLIC HEALTH
AND HUMAN
SERVICES

Governor

Steve Bullock

Lieutenant Governor

Mike Cooney

DPHHS Director

Sheila Hogan

Medicaid and Health
Services Branch Manager

Marie Matthews

Communicable Disease
Control and Prevention
Bureau Bureau Chief

Jim Murphy

Senior and Long Term Care
Division Administrator

Barbara Smith

Community Services Bureau
Bureau Chief

Jill Sark

Quality Assurance Division
Administrator

Carter Anderson

Quality Assurance Division
Certification Bureau Chief

Todd Boucher

Quality Assurance Division
Licensure Bureau Chief

Vacant

Introduction & Overview

Given an adult residential facilities' communal nature of vulnerable residents served within, the Department of Public Health and Human Services, understands that such populations are at the highest risk of being affected by COVID-19. If a facility is infiltrated by the virus that causes COVID-19, residents are at increased risk of serious illness, harm, and even death. As a result, the Department will continue to monitor and apply adjustments, as determined necessary, to assure quality service delivery to residents residing within congregate care settings and technical support to providers across Montana.

This live document serves as a technical guide for congregate care settings when working to prepare crisis intervention and recovery plans, support for policy development and implementation, and immediate actions to consider after a facility is made aware of potential infection of a resident, provider, staff member, or a visitor.

The Department of Public Health and Human Services will continue to work closely with contracted entities and health care partners across Montana, assuring that in the quality, consistent, and reliable services are rendered across the state.

Most importantly, the Department will continue to partner with congregate care providers and advocacy groups as both provide a valuable and essential service to the aged and disabled population across Montana.

Warm Regards,

Derik Sapp
Montana Big Sky Waiver
Adult Residential Program Manager
Phone- 406-454-6080
Fax- 406-268-7964
E-mail- Derik.Sapp@mt.gov

This technical guide does not replace or supersede any established Executive Actions, Directives, Authorities and Regulations outlined in Montana ARM or MCA, Programmatic Policies and Procedures, and/or any other source made available to providers, contractors, or public service entities. Facilities are responsible to review and understand all information and/or directives disseminated by Federal, State, and Local entities.

Table of Version Revisions

[illegible]

Table of Contents

Page 1	Introduction & Overview
Page 2	Table of Version Revisions
Page 4	List of Acronyms
Page 5	Title Page- Part 1: Planning and Prevention
Page 6	Prevention & Health Screening Protocols
Page 9	Education: The Best First Defense
Page 11	Maintaining Environmental Safety Protocols
Page 12	Routine Resident Care Protocols
Page 15	Visitation
Page 18	Planning for Staff Safety & Sustainability
Page 20	PPE Procurement
Page 22	Testing
Page 23	Title Page- PART 2: Actively Responding to COVID-19
Page 24	Step 1: Initiate the Crisis Response
Page 27	Step 2: Reporting Requirements
Page 29	Step 3: Establish and Reviewing Response Timelines
Page 32	Attachment Summary
Page 35	Notable Links of Interest: Montana

List of Acronyms

A	
ALF	Assisted Living Facility
AMDD	Addictive and Mental Disorders Division
ARM	Administrative Rules of Montana
B	
C	
CDC	The Centers for Disease Control and Prevention
CSB	Community Services Bureau
CMS	Centers for Medicare and Medicaid Services
COVID-19	SARS-CoV-2; 2019 Novel Coronavirus
D	
DDP	Developmental Disabilities Program
DES	Montana Department of Disaster and Emergency Services
DPHHS	Montana Department of Health and Human Services
E	
F	
G	
H	
HCP	Health Care Professional
I	
J	
K	
L	
Local Health Department	City/County Health Departments, Indian Health Services
LTC (F)	Long-term care (facility)
M	
MCA	Montana Code Annotated
N	
O	
P	
PPE	Personal Protective Equipment
Q	
QAD	Quality Assurance Division
R	
S	
SLTCD	Senior and Long Term Care Division
T	
U	
V	
W	
X	
Y	
Z	

Part 1:

Planning and Prevention



Prevention & Health Screening Protocols

Know How it Spreads

- There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19).
- The best way to prevent illness is to avoid being exposed to this virus.
- The virus is thought to spread mainly from person-to-person.
- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs, sneezes or talks.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- Some recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms.

Everyone Should

- Wash your hands often
- Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- It's especially important to wash:
 - Before eating or preparing food
 - Before touching your face
 - After using the restroom
 - After leaving a public place
 - After blowing your nose, coughing, or sneezing
 - After handling your mask
 - After changing/managing incontinence products
 - After caring for someone sick
 - After touching animals or pets
- If soap and water are not readily available, use a [hand sanitizer](#) that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- [Avoid touching your eyes, nose, and mouth with unwashed hands](#)

Avoid Close Contact

- Inside your home: Avoid close contact with people who are sick.
- If possible, maintain 6 feet between the person who is sick and other household members.
- Outside your home: Put 6 feet of distance between yourself and people who don't live in your household.
 - Remember that some people without symptoms may be able to spread virus.
 - Stay at least 6 feet (about 2 arms' length) from other people.
 - Keeping distance from others is especially important for people who are at higher risk of getting very sick.
- [Cover your mouth and nose with a mask when around others](#)

- You could spread COVID-19 to others even if you do not feel sick.
- The mask is meant to protect other people in case you are infected.

Everyone should wear a mask in public settings and when around people who don't live in the household, especially when other social distancing measures are difficult to maintain.

Refer to:

<https://covid19.mt.gov/Portals/223/Documents/Mask%20Directive%20FINAL.pdf?ver=2020-07-15-140109-633>

- Masks should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- Continue to keep about 6 feet between yourself and others. The mask is not a substitute for social distancing.

Cover Coughs and Sneezes

- Always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow and do not spit.
- Throw used tissues in the trash.
- Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.

Clean and Disinfect

- **Clean AND disinfect frequently touched surfaces daily.** This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
- If surfaces are dirty, clean them. Use detergent or soap and water prior to disinfection.
- Then, use a household disinfectant. Most common EPA-registered household disinfectants will work.

Refer to:

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>

Monitor Your Health Daily

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

- **Be alert for symptoms.** Watch for fever, cough, shortness of breath, or other symptoms of COVID-19.
- Especially important if you are running essential errands, going into the office or workplace, and in settings where it may be difficult to keep a physical distance of 6 feet.
- **Take your temperature if symptoms develop.**
NOTE: Don't take your temperature within 30 minutes of exercising or after taking medications that could lower your temperature, like acetaminophen.
- **Follow CDC guidance if symptoms develop.**

Watch for Symptoms

- Anyone can have mild to severe symptoms.
- Older adults and people who have severe underlying medical conditions seem to be at higher risk for developing more serious complications from COVID-19 illness.
- People with COVID-19 have reported a wide range of symptoms ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

When to Seek Emergency Medical Attention

- Look for emergency warning signs* for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately:
 - Trouble breathing
 - Persistent pain or pressure in the chest
 - New confusion
 - Inability to wake or stay awake
 - Bluish lips or face

*This is not a complete list of symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

❖ **Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19.**

Resources	Link
Symptoms of Coronavirus- CDC May 13, 2020	https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html
People at Increased Risk- CDC August 10, 2020	https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html
Frequently Asked Questions- CDC August 04, 2020	https://www.cdc.gov/coronavirus/2019-ncov/faq.html
How to Protect Yourself & Others- CDC July 31, 2020	https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fwhat-you-can-do.html

Education: The Best First Defense

- Educate staff, residents, families, and other individuals entering the facility about actions and precautions the facility is taking to prevent COVID-19. Effective education opportunities may include, for example:
 - Resident/Family Councils (small group/virtual)
 - Newsletters (paper/electronic)
 - Educational materials posted at various heights (Eye-level standing/Eye-level seated)
 - Any additional means that will best meet the need(s) of the resident or family member, or support person
- Educate all staff, residents, and visitors on what actions they can take to further protect themselves and others in the facility.
- When able, encourage all staff, residents, and visitors to practice social distancing to avoid unnecessary physical contact by keeping a distance of at least 6 feet from other people.
- Educate staff, residents, and visitors regarding the importance of handwashing. Assist residents in performing proper hand washing/hygiene if they are unable to do so themselves. In turn, assure staff members complete hand washing and infection control protocols before assisting other residents or engaging in required duties within the facility.
- Educate staff, residents (to the best of their ability), and visitors to cover their coughs and sneezes and wash their hands thoroughly with soap and warm water. In a pinch, hand sanitizer will do, but the method does not replace the importance and/or effectiveness of good hand washing practices.
- Encourage residents to consider their level of risk before deciding to go out and educate them about steps they should take to protect themselves from infection while out of the facility.
- Educate and train staff on adherence to infection prevention and control measures, including hand hygiene and selection and appropriate use of PPE.
- Assure staff, residents, and visitors can demonstrate competency with putting on and removing PPE. Assist as determined appropriate.
- Frequently review with staff, residents, and visitor's safety protocols, isolation/quarantine plans, crisis intervention strategies, and appropriate use of PPE.

Resources	Link
Prevent Getting Sick- CDC July 30, 2020	https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/index.html
Cleaning And Disinfecting Your Home- CDC May 27, 2020	https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html
Living in Shared Housing- CDC July, 30, 2020	https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/shared-housing/index.html
Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities- CDC May 29, 2020	https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html
Considerations for Retirement Communities and Independent Living Facilities- CDC July 31, 2020	https://www.cdc.gov/coronavirus/2019-ncov/community/retirement/considerations.html
Living in or Visiting Retirement Communities or Independent Living Facilities- CDC June 29, 2020	https://www.cdc.gov/coronavirus/2019-ncov/community/retirement/residents.html
People Who Live in a Nursing Home or Long-Term Care Facility- CDC June 25, 2020	https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-in-nursing-homes.html
Guidance for U.S. Healthcare Facilities about Coronavirus (COVID-19)- CDC July 12, 2020	https://www.cdc.gov/coronavirus/2019-ncov/hcp/us-healthcare-facilities.html
Guidance and Tips for Tribal Community Living During COVID-19- CDC July 07, 2020	https://www.cdc.gov/coronavirus/2019-ncov/community/tribal/social-distancing.html
Tribal Communities- CDC August 01, 2020	https://www.cdc.gov/coronavirus/2019-ncov/community/tribal/
Toolkit for Tribal Communities- CDC July 21, 2020	https://www.cdc.gov/coronavirus/2019-ncov/communication/toolkits/tribal-communities.html
Older Adults- CDC August 16, 2020	https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html
Print Resources- CDC August 20, 2020	https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html?Sort=Date%3A%3Adesc
Social Distancing, Quarantine, and Isolation- CDC July 15, 2020	https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html
Training for Healthcare Professionals- CDC July 20, 2020	https://www.cdc.gov/coronavirus/2019-ncov/hcp/training.html
Guidance Documents- CDC August 20, 2020	https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc
Stop the Spread of Rumors- CDC June 30, 2020	https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/share-facts.html
Reducing Stigma- CDC June 11, 2020	https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/reducing-stigma.html
Rural Communities- CDC August 03, 2020	https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/other-at-risk-populations/rural-communities.html
Attachment D COVID-19 FAQs 04/14/2020	https://covid19.mt.gov/Portals/223/Documents/COVID%20FAQ%204.14.20.pdf?ver=2020-04-14-111546-947

Maintaining Environmental Safety Protocols

Increase the frequency and quality of environmental cleaning.

- Clean and disinfect all frequently touched surfaces such as doorknobs/handles, elevator buttons, bathroom surfaces/fixtures, remote controls, carts, walkers, wheelchairs/power mobility devices, charts, keyboards, and computer screens.
- Limit the sharing of personal items and equipment between residents. If unable, clean and disinfect surfaces of equipment between resident/staff use.
- Provide additional supplies when able to avoid sharing frequently used supplies. For example, pens, note pads, and other necessities.
- In common areas and workspaces, safely store an adequate supply of cleaning products.
- Outside of resident rooms, implement the universal use of face masks or cloth face coverings for everyone in the facility as determined appropriate.
- Provide supplies for recommended hand washing protocols.
- Have alcohol-based hand sanitizer with 60–95 percent alcohol easily accessible outside of rooms, care, and common areas.
- Make necessary PPE available in areas where resident care is provided.
- Place a trash can near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room. Clean and disinfect trash receptacles frequently.
- Do not reuse PPE after direct resident cares are conducted or post cleaning activities.
- Clean and disinfect facility owned vehicles frequently paying close attention to frequently touched surfaces.

Resources	Link
Cleaning And Disinfecting Your Home- CDC May 27, 2020	https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html
Clinical Care Guidance for Healthcare Professionals about Coronavirus (COVID-19)- CDC July 16, 2020	https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care.html
Infection Control Guidance for Healthcare Professionals about Coronavirus (COVID-19)- CDC June 03, 3030	https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html
Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities- CDC May 29, 2020	https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html
Preparing for COVID-19 in Nursing Homes- CDC June 25, 2020	https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html
Hand Hygiene Recommendations- CDC May 17, 2020	https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html
Cleaning and Disinfection for Non-emergency Transport Vehicles- CDC April 14, 2020	https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/disinfecting-transport-vehicles.html

Routine Resident Care Protocols

Routine screening can help prevent the spread. Emergency rules for Assisted Living Facilities were implemented by the Department as ordered by the Governor. Facilities should be aware of those rules and requirements, including:

- Monitor for resident changes in condition observing for symptoms of COVID-19.
- Ask residents to report if they are feeling ill and implement increased infection control precautions until adequately assessed.

Facilities often assist residents who are required to leave the building on a regular basis for essential medical appointments such as, routine kidney dialysis or cancer treatments. Moreover, residents who are actively engaged in activities of interest out in the community can benefit greatly from social opportunities outside of the facility. Residents returning to the facility need to be screened and monitored.

- Monitor for resident changes in condition observing for symptoms of COVID-19.
- Ask residents to report if they are feeling ill and implement increased infection control precautions until adequately assessed.
- Actively monitor all residents upon admission or reentry.
- Residents should wear a facemask or cloth face covering (as determined appropriate and/or as tolerated) whenever they leave their room, or are around others, but most importantly, whenever they leave the facility.

Refer to:

<https://covid19.mt.gov/Portals/223/Documents/Mask%20Directive%20FINAL.pdf?ver=2020-07-15-140109-633>

- Encourage residents to only leave the facility for essential medical appointments.

If a resident leaves the facility for any reason, strongly encourage them to:

- Avoid large crowds.
- Wash their hands and/or use hand sanitizer after touching any surface and before returning to the facility.
- Avoid touching their face.
- Work to stay at least six feet away from other people
- If tolerable, wear a face mask or cloth face covering while outside the facility.

If a resident participated in community activities in any capacity, upon the resident's return to the facility staff must, at a minimum, work to assure:

- The resident's facemask worn outside of the facility is discarded or cloth face covering is laundered and another mask is provided to the resident.
- The resident is screened (as for anyone entering the facility).
- Alcohol-based hand sanitizer can be immediately used upon entry followed by encouraging or assisting the resident to wash their hands thoroughly with soap and warm water.
- If determined appropriate, assist the resident into a change of clean clothes and launder the clothing worn outside the facility as soon as possible.
- Disinfect item surfaces the resident brings back into the facility.

A resident who leaves the facility will most often have a COVID-19 status of "unknown" upon their return to the facility. The facility must work to assure:

- The resident's status was negative when they left the facility
- If the facility provided or arranged for the transportation, the facility must work to verify that all recommended infection control precautions were taken while the resident was outside the facility.
- Per the facilities discretion, implement quarantine protocols taking into consideration the resident's assumed status upon their return to the facility.
Note: Quarantine does not necessarily mean the resident must remain in their room isolated for 14 days; therefore, consistent and continual monitoring is strongly advised, as well as implementing universal infection control protocols.
- Limit group activities, including group dining, to groups of no more than ten (10) including staff.

Residents in Memory Care Units

Infection control strategies to prevent the spread of COVID-19 are a notable challenge to implement in dedicated memory care units. Understandably, residents with a cognitive impairment can have a difficult time adhering to recommended infection control practices such as, social distancing, hand washing, avoiding touching their face, close contact with their staff/peers, and frequently touching objects within their environment.

Disruptions to resident routines, daily schedules, use of unfamiliar equipment, or working with unfamiliar caregivers can often result in increased adverse behaviors and elevated signs and symptoms of depression, anxiety, agitation, verbal/physical aggression, and increased wandering or elopement attempts. Resident's with a cognitive impairment may not have the ability to successfully make their needs known. At a minimum, facility staff is encouraged to continuously observe for changes in a resident's mood and behavior, nonverbal cues of pain or discomfort, and overall changes to the members baseline status.

Resources	Link
Considerations for Memory Care Units in Long-term Care Facilities- CDC May 12, 2020	https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html
Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities- CDC May 29, 2020	https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html
Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19- CDC May 08, 2020	https://www.cdc.gov/coronavirus/2019-ncov/hcp/assessment-tool-for-nursing-homes.html
Additional COVID-19 Guidance for Caregivers of People Living with Dementia in Community Settings- CDC May 19, 2020	https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/caregivers-dementia.html
Infection Control Guidance for Healthcare Professionals about Coronavirus (COVID-19)- CDC June 03, 2020	https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html
Guidance for Direct Service Providers- CDC June 28, 2020	https://www.cdc.gov/coronavirus/2019-ncov/hcp/direct-service-providers.html

Visitation

Refer to Attachments:

C	Executive Directive	March 15, 2020	http://governor.mt.gov/Portals/16/2020-03-15_Governor%20Directive%20re%20COVID-19.pdf?ver=2020-03-15-170323-930
E	Executive Directive Extension	April 7, 2020	https://covid19.mt.gov/Portals/223/Documents/Extension%20of%20Directives.pdf?ver=2020-04-07-151254-310
G	Executive Directive Phase One-1	April 22, 2020	https://covid19.mt.gov/Portals/223/Documents/04-22-20%20Directive%20and%20Appx%20-%20Reopening%20Phase%20One.pdf?ver=2020-04-22-124954-977
K	Executive Directive Phase One-2	May 7, 2020	https://covid19.mt.gov/Portals/223/Documents/Additional%20Phase%20One%20Guidelines%205.7.20.pdf?ver=2020-05-07-145007-833
L	Executive Directive Congregate Care	May 7, 2020	https://covid19.mt.gov/Portals/223/Documents/Congregate%20Care%20Directive.pdf?ver=2020-05-14-101534-860
M	Executive Directive Phase One-3	May 8, 2020	https://covid19.mt.gov/Portals/223/Documents/Phase%20One%20Expansion%20Plus%20Guidance.pdf?ver=2020-05-08-150423-113
N	Executive Directive Phase Two-1	May 19, 2020	https://covid19.mt.gov/Portals/223/Documents/Phase%20Two%20Directive%20with%20Appendices.pdf?ver=2020-05-19-145442-350
O	Executive Directive Facility Visitation 1	June 25, 2020	https://covid19.mt.gov/Portals/223/Documents/2020.6.25%20AL%20and%20NH%20Visitation%20Directive%20and%20Work%20Group%20Guidance.pdf?ver=2020-06-25-162331-933
P	Executive Directive Facility Visitation 2	July 13, 2020	https://covid19.mt.gov/Portals/223/Documents/Nursing%20Home%20Visitation%20II%20Directive.pdf?ver=2020-07-13-143616-250
Q	Executive Directive Mask Directive	July 15, 2020	https://covid19.mt.gov/Portals/223/Documents/Mask%20Directive%20FINAL.pdf?ver=2020-07-15-140109-633
C.1	FAQ: COVID-19 Testing of Residents and Staff of Nursing Homes and Assisted Living Facilities	July 17, 2020	https://dphhs.mt.gov/Portals/85/Documents/Coronavirus/COVID-19TestingofResidentsandStaffofNursingHomesandAssistedLivingFacilities.pdf
D.1	Temporary Emergency Rules I through III pertaining to limiting COVID-19 exposure in assisted living facilities	July 13, 2020	https://dphhs.mt.gov/Portals/85/rules/37-924adp-arm.pdf

Prior to permitting visitation, take into consideration the following:

There is no “one size fits all” approach to facility visitation; therefore, facilities should use their best professional judgement to determine which persons entering the facility are “essential” and which are not.

Essential visitors may include:

- Persons/entities who provide critical assistance such as doctors, contract nurses, home health and hospice staff whose services are necessary to ensure resident care is provided and to protect the health and safety of residents, provided they are wearing all necessary PPE as appropriate.
- As directed per current authority, persons/entities with legal authority to enter such as, health care facility surveyors whose presence is necessary to ensure the ALF is protecting the health safety of residents and providing appropriate care, law enforcement officers, representatives of Disability Rights Montana, and Representatives of the Long Term Care Ombudsman’s Office and Adult Protective Services.
- Family members and loved ones of a resident at the end-of-life.
 - End-of-life care is the care given to people who have stopped treatment for their disease and are near the end-of-life.
 - Make decisions about visitation during an end-of-life situation on a case-by-case basis.
 - For people allowed in the facility (end-of-life situations when death is imminent), provide instruction before visitors enter the facility and residents’ rooms on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the resident’s room.
 - Screen visitors and exclude those with COVID-19 related symptoms.

Non-essential visitors may include:

- Beauticians or barbers
 - Delivery persons: Develop an internal plan for essential deliveries identifying, at a minimum, designated delivery location or access/drop-off points, PPE protocols, hygiene methods/stations, and safe disbursement methods etc.
 - Nonessential solicitors, salespersons, or consultants.
-
- Facilities must review the applicable CDC and CMS guidance and ensure that they are able to follow the recommendations contained as outlined.
 - Congregate care visitation must be conducted in accordance with the strict screening, physical distancing, sanitation, hygiene, and other infection control protocols set forth in the CMS and CDC guidance.
 - Facilities should continue to encourage virtual visitation methods, especially for out-of-state visitors and/or visitors from areas of concern/widespread community transmission.

- Facilities should not allow visitation if there is evidence of significant community transmission in their communities and should consult with their local public health department before reopening to visitors.
- Consider requiring that visits scheduled beforehand, if possible, and/or scheduling visits as not to allow multiple visitation groups from using the same spaces at the same time or without adequate time to properly clean and disinfect such spaces between visits.
- Facilities should consider collecting the names and contact information of visitors as well as date/time of visitation and the name of the resident(s) visited to aid in contact tracing in the event of a visitor or resident testing positive for COVID-19 at a later date.
- Consider designating one entry and exit point.
- Consider designated visitation hours during daytime and evening.
- Use of outdoor areas or well-ventilated indoor area.
- If indoors, restrict to resident's room or other specific location designated by the facility that can be easily contained, monitored and cleaned between visits.
- Soap and water, or hand sanitizer, should be available in visitation areas and visitors and residents should be encouraged to clean hands before and after visitation.
- Facilities may want to consider limiting visitors to two (2) at a time when ample space for social distancing is unavailable.
- During visitation, physical distancing of 6 ft should always be maintained and visitors, and if possible, residents, should wear cloth masks.

Resources	Link
Attachment O: Executive Directive Facility Visitation 1: June 25, 2020	https://covid19.mt.gov/Portals/223/Documents/2020.6.25%20AL%20and%20NH%20Visitation%20Directive%20and%20Work%20Group%20Guidance.pdf?ver=2020-06-25-162331-933
Attachment P: Executive Directive Facility Visitation 2: July 13, 2020	https://covid19.mt.gov/Portals/223/Documents/Nursing%20Home%20Visitation%20I%20Directive.pdf?ver=2020-07-13-143616-250
Living in or Visiting Retirement Communities or Independent Living Facilities- CDC June 29 2020	https://www.cdc.gov/coronavirus/2019-ncov/community/retirement/residents.html
COVID-19 Guidance for Shared or Congregate Housing- CDC August 03, 2020	https://www.cdc.gov/coronavirus/2019-ncov/community/shared-congregate-house/guidance-shared-congregate-housing.html

Planning for Staff Safety & Sustainability

- Review facility infection control policies and procedures frequently. Refer to CDC resources often.
- While accounting for COVID-19, develop and frequently review/update emergency preparedness and response plans. Best practice is to ensure that any emergency preparedness and response plans cover other natural disasters and health emergencies.
- Make sure cleaning supplies and disinfectants are readily available and in good supply allowing for frequent disinfection practices of high-touch surfaces and resident care equipment. Assure cleaning supplies are deemed effective for use against COVID-19.
- Develop and frequently review/update staffing contingency plan(s) to implement if in the event a significant number of staff are unavailable to work.
- Enforce established sick leave policies for ill staff and healthcare providers. Frequently review labor laws in addition to Local, State, and Federal mandates/guidance. Moreover, follow current CDC guidance: return to work criteria for HCPs with COVID-19 and strategies for mitigating HCP staffing shortages at
- Require staff to report via phone prior to reporting for work if they have known exposure or symptoms. If symptomatic, staff should not report to work. Screen staff daily at the beginning of each shift (as is required for anyone entering the facility).
- Work to minimize the movement/assignment of shared staff between facilities wherever/whenever possible. This action mitigates infection spread while maintaining source control if in the event a staff member is COVID-19 symptomatic and/or later diagnosed with the infection.

Preparing for a Crisis:

To prevent transmission, facilities should develop, if possible, a plan to establish and separate staffing teams for COVID-19-positive residents to the best of their ability. Facilities should also work with state and local leaders to designate alternative “facilities” or “units” within a facility to separate COVID-19-negative residents from COVID-19- presumptive or positive residents, as well as those with unknown COVID-19 status. This might be difficult for smaller facilities, but the ability to separate COVID negative and COVID positive is vital in the prevention of transmission. Additionally, if the facility can provide care to resident(s) with COVID-19, it will require a separate, well-ventilated area to use as an “isolation unit”. For example, use an area that provides meaningful separation between the isolation unit and the rest of the facility. Different facilities may have limited space/resources; therefore, last resort is to assess how the facility, to the best of its ability, group residents into COVID-19 statuses of infected, negative, and unknown or implement in-room quarantine protocols to best mitigate the risk of transmission. This is especially important for a facility with double occupancy suites. Of importance, a curtain or a moveable screen/room divider does not provide meaningful or effective separation when working to establish barriers or isolation units within a facility.

If facilities are challenged to provide adequate staffing or isolation, notify the local public health department as soon as possible.

Resources	Link
Strategies to Mitigate Healthcare Personnel Staffing Shortages- CDC July 17, 2020	https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html
Healthcare Personnel and First Responders: How to Cope with Stress and Build Resilience During the COVID-19 Pandemic- CDC May 05, 2020	https://www.cdc.gov/coronavirus/2019-ncov/hcp/mental-health-healthcare.html
Healthcare Facilities: Managing Operations During the COVID-19 Pandemic- CDC June 28, 2020	https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-hcf.html
What Workers and Employers Can Do to Manage Workplace Fatigue during COVID-19- CDC May 19, 2020	https://www.cdc.gov/coronavirus/2019-ncov/hcp/managing-workplace-fatigue.html
Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance)- CDC August 10, 2020	https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html
Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19- CDC June 18, 2020	https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html
Training for Healthcare Professionals- CDC July 20, 2020	https://www.cdc.gov/coronavirus/2019-ncov/hcp/training.html

PPE Procurement

- Follow the CDC's guidance for optimizing the supply of PPE.
- Implement universal use of facemasks for staff while inside the facility.
- If PPE supplies are in limited supply, discuss with your local health department if cloth masks can be utilized as a means for source control. Staff should only use cloth face coverings as a last resort when all other options have been exhausted. If utilized, only try to use them when not providing direct resident care or when in close contact with residents and/or staff, or in areas where social distancing is rendered impossible.

Obtain PPE through the facilities normal supply chain or through other readily available resources. Other resources may include but are not limited to:

- Sister facilities
 - Peer resources
 - Local partners or stakeholders,
 - Regional public health provider systems
 - Healthcare Coalitions
 - Regional advisory councils
- ❖ If a facility is unable to obtain an adequate supply of PPE from vendor(s) and have exhausted all other options, reference the State of Montana guide for instructions and detail on submitting a request for emergency supplies.

Note: this action is not a guarantee of receiving PPE as policies, procedures, and extraordinary circumstances may apply. Additionally, it is not reasonable for all facilities to have the same amount of PPE. Individual circumstances will be assessed, and quantity will vary depending on the facility size, type, and scope of intervention.

Moreover, the facility is expected to pursue and exhaust all traditional avenues of procuring PPE which includes the facilities normal PPE suppliers while also consulting the local public health department's access to immediate PPE resources.

Resources	Link
Optimizing Supply of PPE and Other Equipment during Shortages-CDC July 16, 2020	https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html
Personal Protective Equipment: Questions and Answers- CDC August 08, 2020	https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html
Summary for Healthcare Facilities: Strategies for Optimizing the Supply of N95 Respirators during the COVID-19 Response- CDC April 16, 2020	https://www.cdc.gov/coronavirus/2019-ncov/hcp/checklist-n95-strategy.html
Using Personal Protective Equipment (PPE)- CDC August 19, 2020	https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html
Strategies for Optimizing the Supply of Isolation Gowns- CDC May 17, 2020	https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html
When to Wear Gloves- CDC July 16, 2020	https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/gloves.html
Strategies for Optimizing the Supply of Eye Protection- CDC July 15, 2020	https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html
Attachment Q: Executive Directive Mask Directive July 15, 2020	https://covid19.mt.gov/Portals/223/Documents/Mask%20Directive%20FINAL.pdf?ver=2020-07-15-140109-633
Masks and Face Coverings <i>Mt.gov cite is updated often</i>	https://covid19.mt.gov/Masks-and-Face-Coverings
Attachment H: System to Sanitize N95 Respirators April 28, 2020	https://covid19.mt.gov/Portals/223/Documents/FOR%20IMMEDIATE%20RELEASE_N95%20Masks%20(1).pdf?ver=2020-05-07-102032-100
Using PPE- CDC August 19, 2020	https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html

Testing

Under the July 13, 2020 Notice of Adoption of Temporary Emergency Rules Before resuming visitation, all facilities must have conducted at a minimum a single baseline COVID-19 test of all residents and staff (including volunteers and vendors who are in the facility on a weekly basis), and the facilities must have implemented an internal plan for weekly re-testing of all staff. To compliment this action, the July 17, 2020 FAQ: COVID-19 Testing of Residents and Staff of Nursing Homes and Assisted Living Facilities was also distributed to assisted living providers across Montana.

Resources	Link
Test for Current Infection- CDC July 23, 2020	https://www.cdc.gov/coronavirus/2019-ncov/testing/diagnostic-testing.html
Guidance for Healthcare Workers about COVID-19 (SARS-CoV-2) Testing- CDC July 31, 2020	https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing.html
Attachment I: Montana's Testing Capacity 04/29/2020	https://covid19.mt.gov/Portals/223/Documents/Release_2020.04.29_MT%20Testing%20Capacity.pdf?ver=2020-05-07-102026-240
Montana's Testing Information	https://covid19.mt.gov/Montanas-Testing-Information

Refer to Attachments:

C.1	FAQ: COVID-19 Testing of Residents and Staff of Nursing Homes and Assisted Living Facilities	July 17, 2020	https://dphhs.mt.gov/Portals/85/Documents/Coronavirus/COVID-19TestingofResidentsandStaffofNursingHomesandAssistedLivingFacilities.pdf
D.1	Temporary Emergency Rules I through III pertaining to limiting COVID-19 exposure in assisted living facilities	July 13, 2020	https://dphhs.mt.gov/Portals/85/rules/37-924adp-arm.pdf

PART 2: Actively Responding to COVID-19



Step 1: Initiate the Crisis Response

- Once a case of COVID-19 is identified in the facility, immediate action must be taken to isolate the resident who is positive for COVID-19 away from other residents.
- Deploy preliminary surface disinfection/infection control practices as recommended by the CDC.
- The facility must immediately begin to screen, observe, and assess all residents and staff for symptoms of COVID-19 establishing a baseline.
- Quarantine residents with exposure or symptoms.
- If able and/or determined appropriate, restrict residents to their rooms and encourage them to wear a facemask whenever another person enters the room until health screenings and preliminary disinfection actions are completed.
- Staff must appropriately wear all recommended PPE when caring for residents regardless of symptoms or COVID-19 status.

Note: PPE includes an N95 or higher-level respirator (or a facemask if a respirator is not available), eye protection, gloves, and gown.

- Residents and staff must practice universal precautions and hand washing before and after all contacts and direct resident cares.
- As previously indicated to prevent transmission, facilities should develop if possible, a plan to establish and separate staffing teams for COVID-19-positive residents to the best of their ability. Facilities should also work with state and local leaders to designate alternative “facilities” or “units” within a facility to separate COVID-19-negative residents from COVID-19- presumptive or positive residents, as well as those with unknown COVID-19 status. The ability to separate COVID negative and COVID positive is vital in the prevention of transmission.
- If the facility can provide care to resident(s) with COVID-19, it will require a separate, well-ventilated area to use as an “isolation unit”. For example, use an area that provides meaningful separation between the isolation unit and the rest of the facility. Different facilities may have limited space/resources; therefore, last resort is to assess how the facility, to the best of its ability, group residents into COVID-19 statuses of infected, negative, and unknown or implement in-room quarantine protocols to best mitigate the risk of transmission. This is especially important for a facility with double or multiple occupancy suites.

Note: a curtain or a moveable screen/room divider does not provide meaningful or effective separation when working to establish barriers or isolation units within a facility.

COVID-19 symptoms can vary in severity. Initially, symptoms can be mild and not require a transfer to a hospital or alternate setting if the facility can safely adhere to infection prevention protocols as outlined by the CDC. In contrast, if a resident health status worsens and the facility determines the resident requires a higher level of care, coordinate a safe transfer of the resident

as per established policies and procedures within Administrative Rules of Montana 37.106.2824 to another hospital system, skilled nursing facility, or assisted living facility (as determined clinically appropriate) capable of caring for a resident impacted by or diagnosed with COVID-19.

❖ **Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19.**

- If the resident is transferred out of the facility, perform a full deep cleaning of the room and all its contents.
-

Barriers and possible solutions to effective transition planning.

Discussions are occurring in response to a facility's inability to care for a COVID-19 diagnosed resident. In the meantime, it is vital facilities continue to work with and maintain communication with their local and state partners

Currently, it is advisable residents remain in the facility under strict quarantine precautions as advised by the CDC. It is imperative that facilities maintain effective communication with their local health departments and by extension, county/state Montana Disaster and Emergency Services (DES) officials. These valuable entities will work to engage the facility and all health care partners to assure the facility, and all resident's within, needs are met until the crisis stabilizes.

Note: Involuntary Discharge Criteria and processes outlined in ARM 37.106.2824 must be adhered to and followed, as traditional, by all assisted living facilities.

Alternative providers, aside from equipped hospital settings, ready and willing to care for individuals diagnosed and/or impacted by COVID-19 are severely limited. Risks associated with a COVID transfer is often considered to be too high a of a risk. In review of the facilities crisis intervention plan, providers are encouraged to reach out and begin having candid conversations with, for example, hospital systems, clinics, and peer groups within their immediate service area.

Moreover, emergency back-up plan(s) should be frequently reviewed with residents, their families/supports, primary care providers, on to local and state leadership entities to better determine placement alternatives, if present. Person-centered planning is essential in this process as back-up planning will need to be evaluated on a case-by-case basis as each facility and all residents within will present unique circumstances and challenges.

If placement alternatives are absent, consult your local health department to develop internal strategies to best combat a COVID-19 outbreak. Once determined, apply the strategic plan to internal policies, procedures, and crisis intervention plans.

Refer to Attachments:

C.1	FAQ: COVID-19 Testing of Residents and Staff of Nursing Homes and Assisted Living Facilities		July 17, 2020	https://dphhs.mt.gov/Portals/85/Documents/Coronavirus/COVID-19TestingofResidentsandStaffofNursingHomesandAssistedLivingFacilities.pdf
D.1	In the matter of the adoption of Temporary Emergency Rules I through III pertaining to limiting COVID-19 exposure in assisted living facilities		July 13, 2020	https://dphhs.mt.gov/Portals/85/rules/37-924adp-arm.pdf

Communicate potential and/or positive COVID-19 cases to the Quality Assurance Division (QAD) Licensing Program.

- Within the emergency rules that were established in July, licensed facilities are required to notify Tara Wooten, Healthcare Facility Program Manager of positive cases associated with their facilities.

Tara Wooten
Healthcare Facility Program Manager
Licensure Bureau
QAD, DPHHS

406-444-1575
Tara.Wooten@mt.gov

Step 2: Reporting Requirements

- Immediately, a facility must contact their local public health office and/or designated official as facilities are required to report communicable diseases, including all confirmed cases of COVID-19, to the local health authority within the jurisdiction of the facility.

<https://dphhs.mt.gov/publichealth>

Most often, County public health offices/officials will serve as the lead agency throughout the facilities response to a COVID-19 crisis. At a minimum, local public health officials will assist facilities by:

- Developing testing recommendations and procedure in consultation with DPHHS.
- Assisting with and ensuring appropriate movement of residents from one health care facility setting to another when warranted.
- Providing education and resources to facilities.
- Coordinating with local, county, and state emergency management systems.
- Frequent contacts assuring the facility has the most current required information.
- Frequent contacts to assure PPE needs are met and/or in sustainable supply.

Thereafter, facilities must:

- Report, as per established protocols, the first confirmed case of COVID-19 in staff and/or residents as a self-reported incident to QAD.
 - Alert all other pertinent contacts
-

A report of a positive COVID-19 test (resident or staff) in a congregate setting initiate the following action items/discussions:

Contacts and Visitation

- Verification that the facility is prohibiting all non-essential visitors.
- Verification of all pertinent contacts made
- Communicate and elevate needs/concerns with local and state health authorities and emergency management systems.

Facility Assessment

- Financial sustainability.
- The facilities number of licensed beds and category endorsements.
- The facilities current census as of the date of first report.
- The facilities staffing structure and viability.
- Determine current and/or possible hospitalizations of residents.

- Determine admission, transfer/discharge, and readmission protocols.
- Determine which residents and staff members are at a greater risk for death due to a diagnosis of COVID-19 and/or underlying health conditions/comorbidities.
- A review of the facilities isolation/quarantine precautions while also determining how residents are currently being isolated in the facility (dedicated wing/unit, private room) to ensure compliance with requirements outlined by the CDC and/or the local health departments assessment.
- Review the facilities physical plant and infection control processes.

Testing

- Determine the number of resident's tested positive for COVID-19.
- Determine the number of staff tested positive for COVID-19.
- Determine the possible source of COVID-19 entry.
- Review and determine the facilities implemented testing strategy which is to include the testing of all staff and residents and other possibly exposed individuals.
- Review health screening protocols for all residents and staff and at what frequency

PPE

- Assess the facility's current supply of PPE while determining if the facility has an immediate source for PPE procurement.

Note: The facility is expected to pursue and exhaust all traditional avenues of procuring PPE which includes the facilities normal PPE suppliers while also consulting the local public health department's access to immediate PPE resources.

Step 3:

Establish and Reviewing Response Timelines

Prepare an actions focused response to COVID-19:

- Review your facility's COVID-19 crisis response plan
- Review who is responsible for specific functions within the developed plan
- Identify desired resources and applicable Medicaid waivers
- Develop an internal and external communication plan.
- Evaluate frequently the availability of supplies, PPE, and other pertinent resources
- Enact resident/staff/visitor precautionary screening systems.
- Determine what resources are readily available for COVID-19 testing in your area.
- Frequently evaluate the facility's traditional supply chain and resources for essential materials, supplies, and PPE.

0-24 Hours: Immediate Response to a COVID-19 event:

- Activate the facility's crisis response plan.
- Evaluate staffing to assure viability.
- Implement the facility's resident isolation/cohort plan.
- Immediately supply PPE to all residents and staff.
- Screen residents and staff for signs and symptoms of COVID-19.
- Work to clean and disinfect the facility as able.
- Determine if staff members are employed by other facilities.
- Identify resident and staff activity in and out of the facility within the last 24 hours (to the past 14 days if able) by reviewing, for example, facility calendars, appointment books, schedules, etc.
- Establish contact with receiving agencies (hospitals, other partnering facilities).
- Determine which stakeholders are involved external to facility
- Actively engage with community healthcare partners (public health, primary care, Hospital/clinics, organizational leadership).
- Activate all communication plans.
- Work with your local health department authority and/or DES to activate strategic testing to include all staff and residents.

Extended 24-72+ Hours: Long term

- Maintain resident care.
- Continue to supply PPE for staff and residents.
- Screen residents and staff for signs and symptoms of COVID-19.
- Activate resident transport protocols and communication to responding health care settings if medically necessary treatments must continue to occur (dialysis, cancer

treatments etc.) If possible, work to establish alternative treatment/back-up plans for residents.

- Continue to actively engage with community partners and resources.
- Continue to evaluate isolation/quarantine protocols to assure resident health and safety needs met.
- Frequently evaluate staffing, staff member needs, and always assess for any risks associated with caregiving under stress, fear, and fatigue.
- Continuously observe for changes in a resident's mood, behavior, and health condition.
- Maintain effective communication with the resident's family, supports, and primary care providers.
- Explore and implement creative solutions for residents that will help divert the risks associated with social isolation.

Recovery:

A recovery plan is the guidance for determining when it is safe for a facility to discontinue COVID-19 transmission precautions. The recovery plan may be different depending on whether a test-based (preferred) or non-test-based strategy is used. Work closely with your local public health officials to establish a resident recovery plan which includes when a resident is considered recovered and next steps for care. Follow current CDC guidance on when and how to end isolation strategies for residents diagnosed with Covid-19 while also following the current CDC guidance on when and how staff recovering from COVID-19 can return to work.

Resources	Link
Responding to Coronavirus (COVID-19) in Nursing Homes- CDC April 30, 2020	https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html
When to Quarantine- CDC August 16, 2020	https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html
Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19)- CDC June 30, 2020	https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html
Preparedness Tools for Healthcare Professionals and Facilities Responding to Coronavirus (COVID-19)- CDC July 29, 2020	https://www.cdc.gov/coronavirus/2019-ncov/hcp/preparedness-checklists.html
Healthcare Professional Preparedness Checklist For Transport and Arrival of Patients With Confirmed or Possible COVID-19- CDC February 21, 2020	https://www.cdc.gov/coronavirus/2019-ncov/hcp/hcp-personnel-checklist.html
Public Health Guidance for Community-Related Exposure- CDC June 04, 2020	https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html
Cleaning and Disinfection for Community Facilities- CDC May 27, 2020	https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html
Key Considerations for Transferring Patients to Relief Healthcare Facilities when Responding to Community Transmission of COVID-19 in the United States- CDC July 30, 2020	https://www.cdc.gov/coronavirus/2019-ncov/hcp/relief-healthcare-facilities.html
Duration of Isolation and Precautions for Adults with COVID-19- CDC August 16, 2020	https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html
Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance)- CDC August 10, 2020	https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html
Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance)- CDC August 10, 2020	https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html
Mental Health and Coping During COVID-19- CDC July 01, 2020	https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html
Grief and Loss- CDC June 11, 2020	https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/stress-coping/grief-loss.html

Attachment Summary

	Title	Date	Link
A.	Executive Order	March 12, 2020	https://governor.mt.gov/Portals/16/docs/2020EOs/EO-02-2020_COVID-19%20Emergency%20Declaration.pdf?ver=2020-03-13-103433-047
B.	Executive Order	March 13, 2020	https://governor.mt.gov/Portals/16/docs/2020EOs/EO-03-2020_Amending%20COVID-19%20Emergency%20Declaration.pdf?ver=2020-03-18-114433-983
C	Executive Directive	March 15, 2020	http://governor.mt.gov/Portals/16/2020-03-15_Governor%20Directive%20re%20COVID-19.pdf?ver=2020-03-15-170323-930
D	COVID-19 FAQs	April 14, 2020	https://covid19.mt.gov/Portals/223/Documents/COVID%20FAQ%204.14.20.pdf?ver=2020-04-14-111546-947
E	Executive Directive Extension	April 07, 2020	https://covid19.mt.gov/Portals/223/Documents/Extension%20of%20Directives.pdf?ver=2020-04-07-151254-310
F	Executive Directive Licensing Requirements	April 21, 2020	https://covid19.mt.gov/Portals/223/Documents/4-21-20%20Health%20Care%20Licensing.pdf?ver=2020-04-22-140815-253
G	Executive Directive Phase One-1	April 22, 2020	https://covid19.mt.gov/Portals/223/Documents/04-22-20%20Directive%20and%20Appx%20-%20Reopening%20Phase%20One.pdf?ver=2020-04-22-124954-977
H	System to Sanitize N95 Respirators	April 28, 2020	https://covid19.mt.gov/Portals/223/Documents/FOR%20IMMEDIATE%20RELEASE_N95%20Masks%20(1).pdf?ver=2020-05-07-102032-100
I	Montana's Testing Capacity	April 29, 2020	https://covid19.mt.gov/Portals/223/Documents/Release_2020.04.29_MT%20Testing%20Capacity.pdf?ver=2020-05-07-102026-240
J	Emergency Grants	May 05, 2020	https://covid19.mt.gov/Portals/223/Documents/FOR%20IMMEDIATE%20RELEASE_Grants.pdf?ver=2020-05-07-102020-630
K	Executive Directive Phase One-2	May 07, 2020	https://covid19.mt.gov/Portals/223/Documents/Additional%20Phase%20One%20Guidelines%205.7.20.pdf?ver=2020-05-07-145007-833
L	Executive Directive Congregate Care	May 07, 2020	https://covid19.mt.gov/Portals/223/Documents/Congregate%20Care%20Directive.pdf?ver=2020-05-14-101534-860
M	Executive Directive Phase One-3	May 08, 2020	https://covid19.mt.gov/Portals/223/Documents/Phase%20One%20Expansion%20Plus%20Guidance.pdf?ver=2020-05-08-150423-113
N	Executive Directive Phase Two-1	May 19, 2020	https://covid19.mt.gov/Portals/223/Documents/Phase%20Two%20Directive%20with%20Appendices.pdf?ver=2020-05-19-145442-350
O	Executive Directive Facility Visitation 1	June 25, 2020	https://covid19.mt.gov/Portals/223/Documents/2020.6.25%20AL%20and%20NH%20Visitation%20Directive%20and%20Work%20Group%20Guidance.pdf?ver=2020-06-25-162331-933
P	Executive Directive Facility Visitation 2	July 13, 2020	https://covid19.mt.gov/Portals/223/Documents/Nursing%20Home%20Visitation%20II%20Directive.pdf?ver=2020-07-13-143616-250
Q	Executive Directive Mask Directive	July 15, 2020	https://covid19.mt.gov/Portals/223/Documents/Mask%20Directive%20FINAL.pdf?ver=2020-07-15-140109-633
R	(reserved)		
S	(reserved)		

T	(reserved)		
U	(reserved)		
V	(reserved)		
W	(reserved)		
X	(reserved)		
Y	(reserved)		
Z	(reserved)		
A.1	CMS Long Term Care Infection Control Worksheet		LTC Facility Self-Assessment Tool previously provided to Assisted Living Providers. <i>NOTE: This document is Skilled Nursing driven but contents prove to be a useful tool for this targeted provider base.</i>
B.1	COVID-19 Symptom Monitoring Log		Tool to assist facilities monitor for signs and symptoms of COVID-19 for staff and residents.
C.1	FAQ: COVID-19 Testing of Residents and Staff of Nursing Homes and Assisted Living Facilities	July 17, 2020	https://dphhs.mt.gov/Portals/85/Documents/Coronavirus/COVID-19TestingofResidentsandStaffofNursingHomesandAssistedLivingFacilities.pdf
D.1	In the matter of the adoption of Temporary Emergency Rules I through III pertaining to limiting COVID-19 exposure in assisted living facilities	July 13, 2020	https://dphhs.mt.gov/Portals/85/rules/37-924adp-arm.pdf
E.1			
F.1			
G.1			
H.1			
I.1			
J.1			
K.1			
L.1			
M.1			
N.1			
O.1			
P.1			
Q.1			
R.1			
S.1			

T.1			
U.1			
V.1			
W.1			
X.1			
Y.1			
Z.1			

Notable Links of Interest: Montana

A	
Addictive and Mental Disorders COVID-19 Resources for Individuals, Families, and Providers	https://dphhs.mt.gov/amdd/covid19
Addictive & Mental Disorders Division	https://dphhs.mt.gov/amdd
Administration for Community Living (ACL)	https://acl.gov/COVID-19
Administrative Rules of Montana	http://www.mtrules.org/
Adult Protective Services	https://dphhs.mt.gov/SLTC/APS
Aging and Disability Resource Center	https://dphhs.mt.gov/SLTC/aging/adrc
Aging Services	https://dphhs.mt.gov/sltc/aging
B	
C	
Centers for Disease Control and Prevention	https://www.cdc.gov/
Community Services Bureau	https://dphhs.mt.gov/sltc/csb
D	
Disability Resources	https://www.internationaldisabilityalliance.org/content/covid-19-and-disability-movement#Linkrecommendations
Developmental Disabilities Program (DDP)	https://dphhs.mt.gov/dsd/developmentaldisabilities
DPHHS COVID Information	https://dphhs.mt.gov/publichealth/cdepi/diseases/coronavirusmt
E	
Exigency Procurement of Services and Goods	https://spb.mt.gov/Agency-Resources
F	
G	
Governor's Coronavirus Task Force	https://covid19.mt.gov/
H	
I	
J	
K	

L	
The Long-Term Care Ombudsman Program	https://dphhs.mt.gov/SLTC/aging/longtermcareombudsman
M	
Montana Agency Website Listing	https://mt.gov/govt/agencylisting.aspx
Montana Code Annotated	https://leg.mt.gov/bills/mca/index.html
Montana Communicable Disease Epidemiology	https://dphhs.mt.gov/publichealth/cdepi
Montana County or Tribal Health Departments	https://dphhs.mt.gov/publichealth/FCSS/countytribalhealthdepts
Montana DES Primary Coordinators	http://readyandsafe.mt.gov/Emergency/DES-Coordinators-Map
Masks and Face Coverings	https://covid19.mt.gov/Masks-and-Face-Coverings
Montana's Official Website	https://mt.gov/
Montana Communicable Disease Reporting	https://dphhs.mt.gov/publichealth/cdepi/reporting
Montana Coronavirus Relief Grants	https://commerce.mt.gov/Coronavirus-Relief
Montana Coronavirus Disease 2019 (COVID-19)	https://dphhs.mt.gov/publichealth/cdepi/diseases/coronavirusmt
Montana COVID FAQs	https://covid19.mt.gov/Frequently-Asked-Questions
Montana Healthcare Programs	https://dphhs.mt.gov/MontanaHealthcarePrograms
Montana Laboratory Services	https://dphhs.mt.gov/publichealth/laboratoryservices
Montana State Telephone Numbers by City	https://directory.mt.gov/govt/state-dir/city
Montana Agency Telephone Listings	https://directory.mt.gov/govt/state-dir/agency
State of Montana Employee Directory Search	https://svc.mt.gov/doa/pubdir/
Montana's Testing Information	https://covid19.mt.gov/Montanas-Testing-Information
Mountain-Pacific Quality Health	https://www.mpqhf.org/QIO/
N	
O	
P	
Pressroom	http://governor.mt.gov/Pressroom
Public Health and Safety Division	https://dphhs.mt.gov/publichealth
Q	
Quality Assurance Division	https://dphhs.mt.gov/qad/qualityassurance

R	
Resource Guide for Montana Employers and Employees	http://dli.mt.gov/employer-covid-19
Return to Work Information	http://dli.mt.gov/return-to-work
S	
Senior and Long Term Care	https://dphhs.mt.gov/SLTC
T	
U	
V	
W	
Workplace Safety and Health	http://dli.mt.gov/workplace-safety
X	
Y	
Z	

Notes: